

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
8/2/2004

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No CM4

☐ **Amendment** (Explain Below)

from 1/1/2004

through 6/30/2004

Date of election if applicable:
(Month, Day, Year)

3/2/2004

Page 1 of 2

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
741857

COMMITTEE/FILER'S NAME

CA Federation of Teachers COPE

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91505

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Michael Nye

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91505 (818) 843-8226

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Joe Simitian

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

State Senator District 11

CHECK ONE

SUPPORT OPPOSE

X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
2/24/2004	Gale Kaufman dba Kaufman Campaign Consultants Sacramento, CA 95814	Phonebank	\$40,000.00	\$40,000.00
	Winning Connections Washington, DC 20003	Phone Banking	\$.00	\$.00

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from	1/1/2004	
through	6/30/2004	Page 2 of 2

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4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.).....	\$40,000.00
2. Total independent expenditures under \$100 made this period. (Not itemized.).....	\$0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)..... TOTAL	\$40,000.00

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

Secretary of State, Political Reform

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95814

2) NAME OF FILING OFFICER

Los Angeles County Registrar & Recorder

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Norwalk CA 90650

3) NAME OF FILING OFFICER

City & County of San Francisco Dept. of Elections

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

San Francisco CA 94102

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/23/2004

DATE

Executed on 7/23/2004

DATE

Executed on

DATE

Executed on

DATE

By Nye Nye Nye Nye

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Nye Nye Nye Nye

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT